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Request For Duplicate Registration Card

Please complete (print) this form in ink and mail it to the above address with a certified check or money order for \$25, payable to: "Commonwealth of Massachusetts."

REGISTRATION NUMBER (if known): _____

REGISTRATION (COMPANY) NAME: _____

BUSINESS ADDRESS: _____

MAILING ADDRESS (if different): _____

**INDIVIDUAL RESPONSIBLE FOR
HOME IMPROVEMENT CONTRACTS:** _____

SIGNATURE OF RESPONSIBLE PERSON REQUIRED IN ORDER TO PROCESS:

SIGNATURE: _____

TELEPHONE NUMBER: __ (____) _____

LOST CARD WAS: _____ **ONLY CARD ISSUED** _____ **SUPPLEMENTARY CARD**

IF SUPPLEMENTARY CARD:

NAME OF PERSON ISSUED CARD: _____

SIGNATURE OF CARDHOLDER: _____

FOR OFFICIAL USE ONLY

REGISTRATION NUMBER: _____

DUPLICATE ISSUED BY: _____

DATE: _____